

EXPRESS MAIL NO.: EV 475 143 202 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

Kunz

Confirmation No.:

1690

Application No.:

09/910,388

Art Unit:

1656

Filed:

July 20, 2001

Examiner:

Robinson, Hope A.

For:

THERAPEUTIC INHIBITOR OF

Attorney Docket No.: 10177-211-999

VASCULAR SMOOTH MUSCLE

(formerly 295.003US5)

CELLS

AMENDMENT UNDER 37 C.F.R. § 1.111

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the non-final Office Action mailed March 17, 2006, and pursuant to 37 C.F.R. § 1.111, please enter the amendments below and consider the following remarks. Applicant submits concurrently herewith: (1) a Petition for Extension of Time (in duplicate) for three months from June 17, 2006 to and including Monday, September 18, 2006 since September 17, 2006 is a Sunday; (2) an Amendment Fee Transmittal (in duplicate); (3) a Terminal Disclaimer; and (4) a Terminal Disclaimer Fee Transmittal Sheet (in duplicate).

Amendment to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 3 of this paper.



EXPRESS MAIL NO.: EV 475 143 202 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

Kunz

Confirmation No.:

1690

Application No.:

09/910,388

Art Unit:

1656

Filed:

July 20, 2001

Examiner:

Robinson, Hope A.

For:

THERAPEUTIC INHIBITOR OF

Attorney Docket No.:

10177-211-999

VASCULAR SMOOTH MUSCLE

CELLS

(formerly 295.003US5)

AMENDMENT FEE TRANSMITTAL

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

The fee required to be filed with the accompanying amendment of even date herewith concerning the above-identified application has been estimated to be \$0.00.

The claim amendment fee has been estimated as shown below:

(Col. 1)			(Col. 2) HIGHEST NO. PREVIOUSLY PAID	(Col. 3) PRESENT EXTRA	SMALL ENTITY				OTHER THAN A SMALL ENTITY		
CLAIMS REMAINING AFTER AMENDMENT		RATE				ADDIT. FEE	OR	RATE		ADDIT. FEE	
TOTAL	6	MINUS	79	0	x 25	\$			x 50	\$	0.00
INDEP.	1	MINUS	4	0	x 100	\$			x 200	\$	0.00
☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						\$			· · · · · · · · · · · · · · · · · · ·	\$	0.00
					TOTAL	\$		OR	TOTAL	S	0.00

Please charge the required fee to Jones Day Deposit Account No. 50-3013. A copy of this sheet is enclosed.

Respectfully submitted,

Date: September 18, 2006

Gidon D. Stern

(Reg. No.)

By:

Ann W. Chen

49,013 (Reg. No.)

JONES DAY

222 East 41st Street

New York, New York 10017

(212) 326-3939

Enclosure